

SECTION A: CORE QUESTIONS

A1. What are the functions/activities of this facility? **Please ✓ all that apply.**

- ☐ General Medical/Surgical Hospital
- ☐ Home Health Care
- ☐ Medical/Diagnostic Lab
- ☐ Nursing Care Facility
- ☐ Other Health Practitioners
- ☐ Outpatient Care Center
- ☐ Physician's Office
- ☐ Psychiatric/Substance Abuse Hospital
- ☐ Specialty(ies) Hospital
- ☐ Dentist's Office
- ☐ Other (Please specify): _____

A2. Which of the following characterizes this facility? **Please ✓ all that apply.**

- ☐ For profit (individual, partnership, or corporation)
- ☐ Private non-profit (e.g., religious group, charity, etc.) or not-for-profit corporation
- ☐ City, county, district, or state government (including public university-based)
- ☐ Federal government (e.g., military or VHA)
- ☐ Other (Please specify): _____

A3. Is this facility currently part of a managed care or health maintenance organization (HMO)?

- ☐ Yes
- ☐ No

A4. Is this facility currently accredited by the Joint Commission (JCAHO)?

- ☐ Yes
- ☐ No
- ☐ Not applicable

A5. What is the average daily inpatient census over the past calendar year?

Average Inpatient Census

☐ NA, This facility does not provide inpatient services

A6. What is the average number of **daily** outpatient appointments at this facility over the past calendar year?

☐ 1-50

☐ 51-100

☐ 101-200

☐ 201-500

☐ 501-1000

☐ 1001-5000

☐ More than 5000

☐ This facility does not provide outpatient services

A7. How many full-time equivalent (FTE) employees are currently on your payroll?

☐ Less than 10

☐ 10-50

☐ 51-250

☐ 251-1000

☐ 1001-5000

☐ More than 5000

A8. How many workers who provide services at this facility are **not** on your payroll? *(Please include physicians, nurses, maintenance, housekeeping, laundry and food service.)*

☐ Less than 10

☐ 10-50

☐ 51-250

☐ 251-1000

☐ More than 1000

A9. What is the turnover percentage rate among all employees on the payroll at this facility in the past 12 months?

Turnover rate %

☐ NA

A10. What is the turnover percentage rate among nurses on the payroll at this facility in the past 12 months?

Turnover rate %

☐ NA

A11. Are any employees on your payroll represented by unions?

- ☐ Yes
☐ No

A12. Is there a policy for working overtime at this facility? *Note: Overtime may be defined as any hours worked in excess of the hours of a normal work shift, whether paid or unpaid for those excess hours. Please ✓ all that apply.*

- ☐ Yes, established by management
☐ Yes, mandated by union contract
☐ No specific policy

**Skip to
Question A13.**

A12A. Which of the following elements does the policy contain?
Please ✓ all that apply.

- ☐ Mandatory overtime may be required
☐ Restrict the maximum number of overtime hours that can be worked per pay period
☐ Restrict the personnel that can be paid overtime
☐ Other (Please specify): _____

A13. Is there a policy for taking rest breaks at this facility? **Please ✓ all that apply.**



- ☐ Yes, established by management
☐ Yes, mandated by union contract
☐ No specific policy

A14. How many of the following professionals are on your payroll to provide health and safety services to employees at this facility on a full-time equivalency (FTE) basis?

- a. Occupational Physician.....
b. Occupational Health Nurse
c. Industrial Hygienist (occupational health specialist)
d. Safety Professional
e. Professional Ergonomist
f. Infection Control Specialist.....
g. Radiation Safety Officer

FTEs

_____.
_____.
_____.
_____.
_____.
_____.
_____.

- A15. Is there an individual on the payroll of this facility who has **primary** responsibility for managing the occupational safety program?
- ☐ Yes
☐ No  **Skip to Question A18.**
- A16. What proportion of the occupational safety program manager's time is spent **specifically** on occupational safety?
- ☐ 0-25%
☐ 26-50%
☐ 51-75%
☐ 76-100%
- A17. To whom does the occupational safety program manager report?
- ☐ Chief Executive Officer
☐ Vice President
☐ Human Resources Director
☐ Facility Director
☐ Occupational Health Manager
☐ Other (Please specify): _____
- A18. Is there an individual on the payroll of this facility who has **primary** responsibility for managing the occupational or employee health program?
- ☐ Yes
☐ No  **Skip to Question A21.**
- A19. What proportion of the occupational or employee health program manager's time is spent **specifically** on occupational or employee health?
- ☐ 0-25%
☐ 26-50%
☐ 51-75%
☐ 76-100%
- A20. To whom does the occupational or employee health manager report?
- ☐ Chief Executive Officer
☐ Vice President
☐ Human Resources Director
☐ Facility Director
☐ Occupational Safety Manager
☐ Other (Please specify): _____
- A21. During the past 12 months, which of the following occupational health and safety services have been provided at this facility by an **outside source**, (e.g., Insurance carrier, private consultant, federal [NIOSH or OSHA] or state government, etc.)? **Please ✓ all that apply.**
- ☐ Exposure Monitoring
☐ Employee Safety
☐ Ergonomics
☐ Occupational Health
☐ Other (Please specify): _____
☐ None

The next few questions will be used to help assess the preparedness and capacity of your facility to respond to and treat victims during an emergency response to a natural disaster or terrorist incident.

- A22. Does this facility have a formal emergency preparedness plan? ☐ Yes ☐ No → **Skip to Question 27**
- A23. Which of the following mass casualty incidents does this facility's emergency preparedness plan specifically address? **Please ✓ all that apply.**
- ☐ Natural disasters (e.g. flood, earthquake, hurricane)
 - ☐ Nuclear accident
 - ☐ Accident events (e.g. plane crashes, building collapses)
 - ☐ Terrorist use of biological agents
 - ☐ Terrorist use of chemical agents
 - ☐ Terrorist use of radiological agents
 - ☐ Influenza epidemics (e.g. Avian flu)
 - ☐ New emerging infections (e.g. SARS)
 - ☐ Other: Please specify _____
- A24. Does this facility have a coordinator responsible for all emergency preparedness efforts? ☐ Yes ☐ No
- A25. Is this facility's emergency preparedness plan integrated into the local (e.g. city, county, regional or state) emergency preparedness plan? ☐ Yes ☐ No
- A26. Which of the following are addressed by this facility's emergency preparedness plan? **Please ✓ all that apply.**
- ☐ Processes to increase inpatient treatment capacity
 - ☐ Processes to increase outpatient treatment capacity
 - ☐ Stockpiling antibiotics and supplies
 - ☐ Designating mental health services (e.g. Critical Incident Stress Management) to care for employees, victims and their families, and others in the community who need special assistance coping with the consequences of a disaster
 - ☐ Mass immunization/prophylaxis
 - ☐ Ensuring adequate bio-protection (Universal Precautions) gear for facility personnel
 - ☐ Ensuring adequate food, linens and patient care items to enable 48-hour self-sufficiency
 - ☐ Access to portable cots, sheets, blankets, and pillows
 - ☐ Enhancing facility security by utilizing community law enforcement assets
 - ☐ Tracking expenses incurred during an emergency
 - ☐ Coordination with state or local public health authorities
 - ☐ Creating additional isolation beds
 - ☐ Facilities and equipment for decontaminating victims and/or facility personnel affected by chemical, biological, or radiological contaminant

A27. Does this facility provide staff training on emergency preparedness?

- ☐ Yes
☐ No → **Skip to Question 29**

A28. Which of the following personnel are provided training on emergency preparedness? **Please ✓ all that apply.**

- ☐ Physicians/Specialty medical staff
☐ Nursing staff
☐ Residents
☐ Students/Interns
☐ Administrative staff
☐ Laboratory staff
☐ Volunteer staff
☐ Security personnel
☐ Other: Please specify_____

A29. Does this facility have or participate in a tracking system to track trends or patients presenting problems or complaints?

- ☐ Yes
☐ No → **Skip to Question 31**

A30. Which of the following does this facility's surveillance system track? **Please ✓ all that apply.**

- ☐ ER visits
☐ Hospital admissions (total number and patterns)
☐ Presenting patients' complaints
☐ Influenza-like illness monitoring
☐ Increased antibiotic prescription rate
☐ Other: Please specify_____

The next few questions deal with health and safety programs

A31. Is there a **written** employee safety and health program in place at this facility?

- ☐ Yes
☐ No → **Skip to Question A34.**

- A32. Which of the following elements are specifically included in the written employee health and safety (H&S) program at this facility? **Please ✓ all that apply.**
- ☐ Management leadership (top level management setting H&S policies and goals, active in H&S committees, etc.)
 - ☐ Employee involvement (workers participating in H&S program planning and goal setting, H&S inspections, H&S committees, etc.)
 - ☐ Safety Incentive Program (employees or work groups are rewarded for reducing accidents, offering safety suggestions, reporting hazards and near misses, and/or attending safety meeting)
 - ☐ Job hazard analysis (identification of health and safety hazards associated with each job)
 - ☐ Task analysis for proper selection of personal protective equipment
 - ☐ Use of engineering, administrative, and personal protective equipment controls to eliminate or reduce occupational H&S hazards
 - ☐ Regularly scheduled inspection and maintenance of engineering controls and personal protective equipment
 - ☐ Providing H&S training to employees prior to assignment of job duties
 - ☐ Procedures for employees to report health and safety problems without fear of reprisal
 - ☐ Monitoring of workers for exposure to chemical, biological, and/or physical agents
 - ☐ Medical surveillance of employees in high hazard jobs
 - ☐ Routine worker notification of medical surveillance results
 - ☐ Routine worker notification of exposure monitoring results
 - ☐ Evaluation of H&S program effectiveness on periodic basis
 - ☐ Policies to provide site-specific health and safety information for contractors' employees prior to their beginning work at this facility
 - ☐ Evaluation of contractors' health and safety training provided to their employees prior to their assignment at this facility

A33. What data are used to evaluate the effectiveness of the employee health and safety program at this facility? **Please ✓ all that apply.**

- ☐ Injury and illness data
- ☐ Number of lost work-days
- ☐ Workers' compensation data
- ☐ Number of "near-miss" accidents or incidents
- ☐ Number of employees who have completed mandatory training
- ☐ Average number of days to complete corrective action requests
- ☐ Training logs
- ☐ Knowledge tests
- ☐ Attitude scales
- ☐ Symptom surveys
- ☐ Observations from walk through inspections
- ☐ Cost-benefit data
- ☐ Other (Please specify): _____
- ☐ None, we do not evaluate our health and safety program

The next few questions pertain to occupational stress among employees.

A34. Have there been any employee complaints related to occupational stress reported in the past 12 months at this facility?

- ☐ Yes
- ☐ No complaints reported
- ☐ No formal reporting system is used

A35. Is stress management training available to all employees at this facility?

- ☐ Yes
- ☐ No

A36. Are employee assistance programs available to all employees at this facility?

- ☐ Yes
- ☐ No


The next few questions pertain to types of programs sometimes used to reduce the occurrence of acute or cumulative trauma resulting in back, shoulder, or other types of musculoskeletal injury.

A37. Has a written ergonomics program been implemented?

- ☐ Yes, in all areas
- ☐ Yes, in some areas
- ☐ No

- A38. Have teams of management and workers been formed at this facility to identify ergonomic risk factors?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
- A39. Has a job hazard analysis been conducted?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
- A40. Has an ergonomic training program been implemented at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
- A41. Are back belts available to affected employees for lifting tasks at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No

The next questions deal with devices and policies designed to help safeguard workers in performing physical tasks.

- A42. Are adjustable work stations (tables, chairs, foot stands, etc.), available for employees performing stationary tasks at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
☐ Task not performed
- A43. Are wrist braces for repetitive upper extremity tasks, such as typing, pipetting, sonography, etc., available to affected employees at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
☐ Task not performed
- A44. Are anti-fatigue mats or sit/stand bars available in areas where tasks requiring prolonged standing are performed by employees at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
☐ Task not performed
- A45. At this facility, do employees **ever** lift or move patients weighing 50 or more pounds?
- ☐ Yes
☐ No  **Skip to Question A51.**
- A46. Are transport carts and lift tables, or other assistive devices, available where necessary at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
- A47. Are mechanical lifting devices (e.g., Hoyer[®] lift) available in areas where patients are moved at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No

- A48. Has a “zero lift” policy been implemented at this facility, i.e., are mechanical lifting devices used exclusively for patient lifting?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
- A49. Are organized lift teams used for lifting or transferring patients at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No
- A50. Are gait belts (or transfer belts) available for lifting or transferring patients at this facility?
- ☐ Yes, in all areas
☐ Yes, in some areas
☐ No

The following questions pertain to the issue of workplace violence at this facility.

- A51. Are employees at this facility provided training in the skills necessary to defuse a potentially violent confrontation with patients, co-workers, supervisors, clients, family members, strangers, etc.?
- ☐ Yes, all workers
☐ Yes, only high risk workers
☐ No
- A52. Do you have a formal program or policy in place at this facility for workers to report incidents of workplace violence?
- ☐ Yes
☐ No
☐ Don't Know
- A53. How many incidents of workplace violence (physical attacks or assaults, verbal abuse, or confrontations) have been reported by employees at this facility during the last 12 calendar months?
- ☐ None
☐ 1-10
☐ 11-50
☐ 51-100
☐ More than 100 incidents
☐ Don't know

Skip to Question A54.


These next six questions ask about the use of natural rubber latex at your facility.

- A54. Are any latex (natural rubber) products used anywhere in this facility?
- ☐ Yes
☐ No
- A55. Are latex (natural rubber) **gloves** currently used anywhere in this facility?
- ☐ Yes, powdered latex gloves
☐ Yes, powder-free latex gloves
☐ Yes, both powdered latex and powder-free latex gloves
☐ No

Skip to Question A60.

- A56. Is there a written policy in place at this facility to restrict unnecessary use of latex products? ☐ Yes ☐ No
- A57. Are prevention strategies at this facility re-evaluated whenever a worker is diagnosed with latex allergy? ☐ Yes ☐ No
- A58. Are employees provided training about latex allergies? ☐ Yes ☐ No
- A59. Are high-risk workers (e.g., surgical staff) periodically screened for symptoms of latex allergy? ☐ Yes ☐ No

The next three questions ask about respirator usage at this facility.

- A60. Are any employees at this facility required to wear respiratory protection for any reason? *(Note: surgical masks are not considered respiratory protection for the user.)* ☐ Yes ☐ No 

Skip to Section B on Page 12.
- A61. Is training on respirator usage and maintenance provided to all employees who are required to wear respirators at this facility? ☐ Yes ☐ No
- A62. Is fit testing required for all employees who are required to wear tight-fitting respiratory protection at this facility (exclude surgical masks and Powered Air-Purifying Respirators [PAPRs])?? ☐ Yes ☐ No

The final question in this section asks about needlestick injuries.

- A63. In the past calendar year, how many percutaneous needlestick injuries have been reported by employees at this facility? No. of needlestick injuries reported:

Thank you for completing Section A.
Please continue to Section B: Antineoplastic Agents on Page 12.

SECTION B: ANTINEOPLASTIC AGENTS

This section focuses on antineoplastic agents. The focus is on policies and procedures that apply to employees who prepare or mix these agents, such as pharmacists and pharmacy technicians, and employees who administer these drugs, including infusion nurses working with cancer, rheumatoid arthritis, and obstetrics patients. Other terms used for antineoplastic agents may include: antineoplastic drugs, cytotoxic drugs, and anti-cancer drugs.

B1. Are antineoplastic agents used at this facility?

☐ Yes

☐ No

Skip to Section C on page 22.

B2. During the **past week**, how many doses of the following drugs were administered at this facility?

Drug Name:	NUMBER OF DOSES					Drug Name:	NUMBER OF DOSES				
	0	1-10	11-25	26-50	>50		0	1-10	11-25	26-50	>50
a. Aldesleukin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. Busulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alemtuzumab.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p. Capecitabine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Alitretinoin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q. Carboplatin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Altretamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r. Chloambucil (Leukeran®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Aminoglutethimide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s. Cisplatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Amifostine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	t. CPT-11.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Anastrozole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	u. Cladribine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Arsenic trioxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	v. Cyclophosphamide (Cytoxan®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Asparaginase- E.coli strain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	w. Cytarabine (Cytosar®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. BCG live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x. Daunorubicin (Cerubidin®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Bexarotene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	y. Dacarbazine (DTIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Bicalutamide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	z. Dactinomycin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Bleomycin (Bleo®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	aa. Denileukin diftitox...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. BNCU (Carmustine®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bb. Docetaxel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NUMBER OF DOSES						NUMBER OF DOSES					
Drug Name:	0	1-10	11-25	26-50	>50	Drug Name:	0	1-10	11-25	26-50	>50
cc. Doxorubicin (Adriamycin®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bbb. Metho-trexate (Amethopterin®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Epirubicin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ccc. Mitomycin-C.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Estramustine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ddd. Mitotane.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Etoposide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	eee. Mitoxantrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Exemestane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fff. Nilutamide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. Floxuridine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ggg. Paclitaxel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Fludarabine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hhh. Pegaspargase ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Flutamide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iii. Pentostatin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Fluorouracil (5-FU®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	jjj. Plicamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Gemcitabine (Gemzar®).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kkk. Procarbazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Gemtuzumab ozogamicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lll. Rituximab.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Goserelin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mmm. Streptozocin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. Hydroxyurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nnn. Tamoxifen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Idarubicin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ooo. Temozolomide...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq. Ifosfamide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ppp. Teniposide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr. Imatinib mesylate..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	qqq. Thioguanine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. Interferon Alfa-2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rrr. Thiotepa.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tt. Interferon Alfa-2b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sss. Topotecan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu. Irinotecan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ttt. Toremifene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv. Letrozole.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	uuu. Trastuzumab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww. Leuprolide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vvv. Tretinoin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xx. Megestrol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	www. Valrubicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yy. Mercaptopurine (Leupurin®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	xxx. Vinblastine (Velban®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zz. Mechlorethamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	yyy. Vincristine (Oncovin®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aaa. Melphalan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zzz. Vinorelbine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Other (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next two questions pertain to the number of male and female workers at this facility currently performing activities involving the handling of antineoplastic agents. If a worker performs more than one of the activities listed, please count this individual in each applicable category. Enter "0" for none.

B3. How many workers mix or prepare doses of antineoplastic agents? (These workers are usually pharmacists or pharmacy technicians.)

	0	1	2-5	6-10	11-20	> 20
--	---	---	-----	------	-------	------

a. Males..... ☐ ☐ ☐ ☐ ☐ ☐

b. Females ☐ ☐ ☐ ☐ ☐ ☐

B4. How many workers administer antineoplastic agents? (These workers are usually oncology/infusion nurses, or may also work in areas where patients are being treated for rheumatoid arthritis or ectopic pregnancies.)

	0	1	2-5	6-10	11-20	> 20
--	---	---	-----	------	-------	------

a. Males..... ☐ ☐ ☐ ☐ ☐ ☐

b. Females ☐ ☐ ☐ ☐ ☐ ☐

B5. Are there **written** standard procedures (SOPs) for any of the following activities? Please **✓** all that apply.

- ☐ Receipt and unpacking antineoplastic agents
- ☐ Mixing or preparing antineoplastic agents
- ☐ Administering antineoplastic agents
- ☐ Cleanup of spills of antineoplastic agents
- ☐ Handling bodily fluids (e.g., urine, stool, vomit, etc.) of patients receiving antineoplastic agents
- ☐ Disposal of AN-contaminated waste (empty vials, syringes, IV bags, absorbent pads, tubing, etc.)

B6. When do workers who perform the following activities receive training which addresses the safe handling and hazards of antineoplastic agents? **Please ✓ all that apply.**

	Never	At job or task orientation	At least annually, i.e., one or more times every 12 months	Other (Please specify)
a. Preparing antineoplastic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ _____
b. Administering antineoplastic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ _____
c. Any other activities with potential exposure to antineoplastic agents (e.g. cleaning-up spills, handling waste)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____ _____



If training is never provided to any employee who handles antineoplastic agents, skip to Question B8.

B7. Is this training mandatory or voluntary?

☐ Mandatory
☐ Voluntary

B8. Has exposure monitoring (e.g., air sampling, surface wipe sampling, etc.) been performed in the past 12 months to assess workers' potential exposure to **any** antineoplastic agents at this facility?

☐ Yes
☐ No



Skip to Question B9.

B8A. What type(s) of samples were collected? **Please ✓ all that apply.**

☐ Skin wipes
☐ Surface wipes
☐ Air samples

Skip to Question B10.

B9. What are the reasons exposure monitoring has **not** been performed in the past 12 months at this facility to assess workers' exposure to any antineoplastic agents?
Please ✓ all that apply.

- ☐ 1. Exposure to antineoplastic agents is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to antineoplastic agents is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to antineoplastic agents is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Unaware of appropriate sampling methods for antineoplastic agents.
- ☐ 6. Lack of health and safety personnel.
- ☐ 7. Too costly.
- ☐ 8. Other (Please specify): _____

B9A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** exposure monitoring has **not** been collected at this facility to assess workers' exposure to any antineoplastic agents

Most important reason.....☐

B10. Is medical surveillance (such as medical questionnaire, physical exam, blood test, urine test) currently conducted for workers who handle, work with or are otherwise potentially exposed to antineoplastic agents?

- ☐ Yes
- ☐ No

Skip to Question B13.

B11. When are the following medical surveillance tests or exams provided to employees potentially exposed to antineoplastic agents? *(For each type of exam, enter a ✓ for each applicable time of administration).*

	Never	At pre-placement	Periodically	Following a needlestick	At job exit
a. Standardized medical questionnaire.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Urine test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. Are the results of these tests provided to affected employees?

- ☐ Yes
☐ No



If medical surveillance is conducted for all workers potentially exposed to antineoplastic agents, skip to Question B14.

B13. What are the reasons medical surveillance is not currently conducted for workers exposed to antineoplastic agents at this facility? **Please ✓ all that apply.**


- ☐ 1. Exposure to antineoplastic agents is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to antineoplastic agents is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to antineoplastic agents is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Lack of health and safety personnel.
- ☐ 6. Too costly.
- ☐ 7. Other (Please specify): _____

B13A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** medical surveillance **has not** been conducted for workers' exposed to antineoplastic agents at this facility

Most important reason.....☐

- B14. Does this facility have a policy or procedures to inform high-risk employees (e.g. women or child-bearing potential, those with relevant pre-existing conditions, etc.) about potential exposure to antineoplastic agents?
- ☐ Yes
☐ No

Policies for Preparing Antineoplastic Agents

- B15. Are antineoplastic agents prepared at this facility?
- ☐ Yes
☐ No
-  Skip to Question B23.
- B16. Are antineoplastic agents required to be prepared in a restricted area, accessible only to personnel trained in the specific requirements associated with preparing these agents?
- ☐ Yes
☐ No
- B17. Is consumption of food and beverages by employees prohibited in areas where antineoplastic agents are prepared?
- ☐ Yes
☐ No
- B18. Are antineoplastic agents required to be mixed or prepared in either a Class II, Type B, or Class III Biological Safety Cabinet?
- ☐ Yes
☐ No
- B19. Are antineoplastic agents required to be mixed using a closed drug transfer system?
- ☐ Yes
☐ No
- B20. Are antineoplastic agents required to be mixed using a needle-less drug transfer system?
- ☐ Yes
☐ No
- B21. Is the IV tubing used for delivering antineoplastic agents always required to be primed in a biological safety cabinet?
- ☐ Yes
☐ No
- B22. After mixing, are antineoplastic agents required to be packaged for delivery to remote units in sealed and properly labeled bags?
- ☐ Yes
☐ No

Policies for Administering Antineoplastic Agents

B23. Are antineoplastic agents administered at this facility?

☐ Yes

☐ No

Skip to Question B27.

B24. Are antineoplastic agents required to be administered using a drug delivery system with Luer lock-type fittings?

☐ Yes

☐ No

B25. Are needle less drug transfer systems available at this facility for the administration of antineoplastic agents?

☐ Yes

☐ No

B26. Is the consumption of food and beverages by employees prohibited in areas in which antineoplastic agents are administered?

☐ Yes

☐ No

Policies for Designated Spill Clean-up Teams

B27. Which of the following spills of antineoplastic agents are cleaned up by specially trained spill clean-up personnel?
Please ✓ all that apply

☐ None, do not use special spill team

☐ Small-sized spills (< 5cc)

☐ Medium-sized spills (5-25cc)

☐ Large spills (> 25cc)

Personal Protective Equipment/Clothing (PPE/C)

B28. Please check the types of personal protective equipment/clothing (PPE) that are **required** for workers potentially exposed to antineoplastic agents in this facility. Please answer this for the following two activities for each of the types of PPE.

Personal Protective Equipment (PPE) Type	<i>Preparing</i> antineoplastic agents	<i>Administering</i> antineoplastic agents
a. Activity not performed at this facility	<input type="checkbox"/>	<input type="checkbox"/>
b. None are required.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Single-use, disposable gown with closed front and tight cuffs.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Laundered protective garment (e.g., lab coat, scrubs, apron, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Chemotherapy “chemo” gloves (of any type of material)	<input type="checkbox"/>	<input type="checkbox"/>
f. Natural rubber latex gloves, excluding “chemo” gloves	<input type="checkbox"/>	<input type="checkbox"/>
g. Non-latex gloves, excluding “chemo” gloves	<input type="checkbox"/>	<input type="checkbox"/>
h. Two pairs of gloves (“double glove”).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Eye protection (e.g., face shield, splash goggles, or safety glasses)	<input type="checkbox"/>	<input type="checkbox"/>
j. Disposable particulate respirator (also called filtering facepiece respirator, e.g., N95)	<input type="checkbox"/>	<input type="checkbox"/>
k. Elastomeric half-mask or full-facepiece respirator with replaceable cartridges	<input type="checkbox"/>	<input type="checkbox"/>
l. Powered air purifying respirator (PAPR)	<input type="checkbox"/>	<input type="checkbox"/>
m. Supplied air respirator.....	<input type="checkbox"/>	<input type="checkbox"/>
n. Other respirator (excluding surgical mask)	<input type="checkbox"/>	<input type="checkbox"/>
o. Disposable booties	<input type="checkbox"/>	<input type="checkbox"/>
p. Other PPE/C (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

B39. Does this facility have a **policy** which prohibits taking home any clothing (protective clothing or street clothes) which were worn when...

	Yes	No
a. Preparing antineoplastic agents?	<input type="checkbox"/>	<input type="checkbox"/>
b. Administering antineoplastic agents? ...	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing Section B.
Please continue to Section C: Aerosolized Medications on Page 22.

SECTION C: AEROSOLIZED MEDICATIONS

This section focuses on aerosolized ribavirin (Virazole®), pentamidine (Nebupent®), and tobramycin (Nebcin®). The focus is on policies and procedures that apply to respiratory therapists and others who administer or otherwise handle these medications.

C1. Is aerosolized ribavirin, pentamidine, or tobramycin used at this facility?

☐ Yes

☐ No

Skip to Section D on Page 27.

C2. During the **past month**, how many doses of the following drugs were administered at this facility? **Check "0" for none.**

Drug Name:	Number of Doses				
	0	1-10	11-25	26-50	>50
a. Aerosolized Ribavirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Aerosolized Pentamidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Aerosolized Tobramycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions pertain to the number of male and female workers at this facility currently administering aerosolized ribavirin, pentamidine or tobramycin.

C3. How many workers at this facility currently administer aerosolized ribavirin, pentamidine and/or tobramycin?

0 1 2-5 6-10 11-20 > 20

a. Males.....

☐

☐

☐

☐

☐

☐

b. Females

☐

☐

☐

☐

☐

☐

C4. When do workers who administer ribavirin, pentamidine and/or tobramycin receive training which addresses the hazards and safe handling of any of these aerosolized medications? **Please ✓ all that apply.**

☐ Never

☐ At job or task orientation

☐ At least annually, i.e. one or more times every 12 months

☐ Other (Please specify): _____

Skip to Question C6.

C5. Is this training mandatory or voluntary?

☐ Mandatory

☐ Voluntary

C6. Has exposure monitoring (e.g., air sampling, surface wipe sampling, etc.) been performed in the past 12 months to assess workers' potential exposure to ribavirin, pentamidine or tobramycin (any or all) at this facility?

☐ Yes

☐ No

Skip to Question C8.

C7. What are the reason(s) exposure monitoring has **not** been performed in the past 12 months at this facility to assess workers' exposure to any of these aerosolized medications? **Please ✓ all that apply.**

- ☐ 1. Exposure to aerosolized medications is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to aerosolized medications is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to aerosolized medications is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Unaware of appropriate sampling methods for aerosolized medications.
- ☐ 6. Lack of health and safety personnel.
- ☐ 7. Too costly.
- ☐ 8. Other (Please specify): _____

C7A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** exposure monitoring **has not** been performed at this facility to assess workers' exposure to any aerosolized medications.

Most important reason.....

C8. Is medical surveillance (such as medical questionnaire, physical exam, blood test, urine test, pulmonary function test) currently conducted for workers potentially exposed to ribavirin, pentamidine or tobramycin?

- ☐ Yes
- ☐ No

Skip to Question C12.

C9. When are the following medical surveillance tests or exams provided to employees potentially exposed to aerosolized ribavirin, pentamidine or tobramycin (any or all)?

	Never	At Pre-placement	Periodically	At Job exit
a. Standardized medical questionnaire.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Urine tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pulmonary function test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C10. Are the results of these medical surveillance tests provided to affected employees?

- ☐ Yes
☐ No



If medical surveillance is currently conducted for all employees exposed to aerosolized medications, Skip to Question C12.

C11. What are the reasons medical surveillance is not currently conducted for all workers exposed to these aerosolized medications at this facility?
Please ✓ all that apply.

- ☐ 1. Exposure to aerosolized medications is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to aerosolized medications is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to aerosolized medications is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Lack of health and safety personnel.
- ☐ 6. Too costly.
- ☐ 7. Other (Please specify): _____

C11A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** medical surveillance **has not** been conducted for all workers exposed to these aerosolized medications at this facility.

Most important reason

C12. Does this facility have a policy or procedures to identify/screen employees about pregnancy (planning or currently pregnant) and potential exposure to these aerosolized medications?

- ☐ Yes
☐ No

C13. In this facility, which of the following work practices or engineering controls **are required** during administration of these aerosolized medications? **Please ✓ all that apply.**

- ☐ Oxygen tent.
- ☐ Double containment system (i.e., HEPA filtered oxygen tent over oxygen hood).
- ☐ Mechanical ventilator equipped with exhalation filter.
- ☐ Nebulizer or aerosol generator equipped with exhalation filter.
- ☐ HEPA-filtered isolation chamber/booth/hood.
- ☐ Negative pressure isolation rooms with ventilation system equipped with HEPA filters or direct exhaust to the outdoors.
- ☐ Restrict non-essential employee access during and immediately following (within 30 minutes) administration of aerosolized medications.
- ☐ Clean the surfaces of the nebulizer prior to moving it to another location.
- ☐ Special procedures for cleaning rooms after administration of aerosolized medications.
- ☐ Other (Please specify): _____
- _____
- ☐ None

C14. Which types of Personal Protective Equipment (PPE) are **required** for employees while they are administering ribavirin, pentamidine and/or tobramycin at this facility? **Please ✓ all that apply.**
(Please do not include surgical masks as respiratory protection.)

- ☐ Protective gown or garment
- ☐ Protective gloves
- ☐ Eye protection (e.g., face shield, splash goggles, or safety glasses)
- ☐ Disposable particulate respirator (also called filtering face-piece respirator, e.g., N95)
- ☐ Elastomeric half-mask or full-face-piece respirator with replaceable filters or cartridges
- ☐ Powered air purifying respirator (PAPR)
- ☐ Disposable booties
- ☐ Other (Please specify): _____

C15. Does this facility have a **policy** which prohibits taking home any clothing (protective clothing or street clothes) which were worn while administering ribavirin, pentamidine and/or tobramycin?

- ☐ Yes
- ☐ No

Thank you for completing Section C.
Please continue to Section D: Glutaraldehyde and Other High Level Disinfectants (HLDs) on page 27.

SECTION D: GLUTARALDEHYDE AND OTHER HIGH LEVEL DISINFECTANTS (HLDs)

*This module is directed towards anyone who disinfects medical instruments, devices, or supplies (such as endoscopes, thermometers, and other items which cannot be sterilized) using **disinfectants** containing the following:*

- **Glutaraldehyde** (e.g., Cidex[®], ColdSport[®], Endocide[®], Glutacide[®], Hospex[®], Metricide[®], Sporidicin[®], Wavicide[®]),
- **Ortho-phthalaldehyde** (e.g., Cidex OPA[®]),
- **Peracetic acid** (e.g., Steris[®] system), or
- **Hydrogen peroxide** (e.g., Accell[®], Optim[®]).

D1. Are HLDs used at this facility?

- ☐ Yes
☐ No

**Skip to Section E on
Page 34.**

D2. Are **HLDs** used to disinfect endoscopes or other medical instruments and devices at this facility?

- ☐ Yes
☐ No

Skip to Question D28.

D3. Is **glutaraldehyde** used to disinfect endoscopes or other medical instruments and devices at this facility?

- ☐ Yes
☐ No

Skip to Question D13.

D4. How many workers at this facility currently use glutaraldehyde to disinfect medical instruments?

- ☐ 1
☐ 2-5
☐ 6-10
☐ 11-20
☐ > 20

D5. Are there written standard procedures for the safe handling of glutaraldehyde for disinfection at this facility?

- ☐ Yes
☐ No

D6. When do workers who use **glutaraldehyde** to disinfect medical instruments receive training from this employer which addresses the hazards and safe handling of this HLD?
Please ✓ all that apply.

- ☐ Never
☐ At job or task orientation
☐ At least annually (i.e., one or more times in 12 months)
☐ Other (Please specify): _____

D7. Have air samples been collected in the past 12 months to assess worker exposure to glutaraldehyde at this facility?

- ☐ Yes
☐ No

Skip to Question D9.

D8. What are the reasons air samples **have not** been collected in the past 12 months at this facility to assess workers' exposure to glutaraldehyde? **Please ✓ all that apply.**

- ☐ 1. Exposure to glutaraldehyde is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to glutaraldehyde is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to glutaraldehyde is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Unaware of appropriate sampling methods for glutaraldehyde.
- ☐ 6. Lack of health and safety personnel.
- ☐ 7. Too costly.
- ☐ 8. Other (Please specify): _____

D8A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** air samples **have not** been collected at this facility to assess workers' exposure to glutaraldehyde.

Most important reason.....☐

D9. Is medical surveillance (such as medical questionnaire, physical exam, pulmonary function test, allergy/sensitization test) currently conducted for workers who use **glutaraldehyde** to disinfect medical instruments?

- ☐ Yes
- ☐ No

Skip to Question D12.

D10. When are the following medical surveillance tests or exams provided to employees potentially exposed to **glutaraldehyde**? **Please ✓ all that apply.**

	Never	At pre- placement	Periodically	Following an acute exposure (e.g., a spill)	At job exit
a. Standardized medical questionnaire.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pulmonary function test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Allergy/sensitization test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D11. Are results of these medical surveillance tests provided to affected employees?

- ☐ Yes
☐ No



If medical surveillance is conducted for all workers potentially exposed to glutaraldehyde, Skip to Question D13.

D12. What are the reasons medical surveillance is not currently conducted at this facility for workers exposed to **glutaraldehyde**?
Please ✓ all that apply.

- ☐ 1. Exposure to glutaraldehyde is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to glutaraldehyde is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to glutaraldehyde is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Lack of health and safety personnel.
- ☐ 6. Too costly.
- ☐ 7. Other (Please specify): _____

D12A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** medical surveillance **has not** been conducted for workers exposed to glutaraldehyde at this facility.

Most important reason..... ☐

D13. Has ortho-phthalaldehyde, peracetic acid or hydrogen peroxide been **substituted** for glutaraldehyde as a high level disinfectant? (i.e., switch to Cidex OPA[®], Steris[®] system, Accel[®], or Optim[®] from Cidex[®], ColdSport[®], Endocide[®], Glutacide[®], Hopsex[®], MetriCide[®], Sporicindin[®], Wavicide[®])

- ☐ Yes, in all cases
☐ Yes, in some cases
☐ No

Skip to Question D14.

D13A. What was the **primary** reason for the substitution? **Please ✓ only one.**

- ☐ Recommendation from supplier
- ☐ Improve worker health and safety conditions
- ☐ Reduce regulatory concerns
- ☐ Reduce cost
- ☐ Other (Please specify): _____

D14. Is **ortho-phthalaldehyde** used to disinfect medical instruments at this facility?

☐ Yes

☐ No

Skip to Question D18.

D15. How many workers at this facility currently use **ortho-phthalaldehyde** to disinfect medical instruments?

☐ 1

☐ 2-5

☐ 6-10

☐ 11-20

☐ 21-50

☐ >50

D16. Are there written standard procedures for the safe handling of ortho-phthalaldehyde for disinfection at this facility?

☐ Yes

☐ No

D17. When do workers who use **ortho-phthalaldehyde** to disinfect medical instruments receive training from this employer which addresses the hazards and safe handling of this HLD? **Please ✓ all that apply.**

☐ Never

☐ At job or task orientation

☐ At least annually (i.e., one or more times in 12 months)

☐ Other (Please specify): _____

D18. Is **peracetic acid** used to disinfect medical instruments at this facility?

☐ Yes

☐ No

Skip to Question D22.

D19. How many workers at this facility currently use **peracetic acid** to disinfect medical instruments via immersion processing techniques?

☐ 1

☐ 2-5

☐ 6-10

☐ 11-20

☐ 21-50

☐ >50

D20. Are there written standard procedures for the safe handling of peracetic acid for disinfection at this facility?

☐ Yes

☐ No

D21. When do workers who use **peracetic acid** to disinfect medical instruments receive training from this employer which addresses the hazards and safe handling of this HLD? **Please ✓ all that apply.**

☐ Never

☐ At job or task orientation

☐ At least annually (i.e., one or more times in 12 months)

☐ Other (Please specify): _____

D22. Is **hydrogen peroxide** used to disinfect medical instruments via immersion processing techniques at this facility?

☐ Yes

☐ No

Skip to Question D26.

D23. How many workers at this facility currently use **hydrogen peroxide** to disinfect medical instruments via immersion processing techniques?

☐ 1

☐ 2-5

☐ 6-10

☐ 11-20

☐ > 20

D24. Are there written standard procedures for the safe handling of hydrogen peroxide for disinfection at this facility?

☐ Yes

☐ No

D25. When do workers who use **hydrogen peroxide** to disinfect medical instruments receive training from this employer which addresses the hazards and safe handling of this HLD? **Please ✓ all that apply.**

☐ Never

☐ At job orientation

☐ At least annually (i.e., one or more times in 12 months)

☐ Other (Please specify): _____

The next few questions refer to any of the four specific high level disinfectants (i.e., glutaraldehyde, ortho-phthalaldehyde, paracetic acid, and hydrogen peroxide) previously addressed in this module.

D26. Have any equipment modifications or procedural changes been made for the primary purpose of reducing worker exposure to high level disinfectants?

☐ Yes

☐ No

Skip to Question D27.

D26A. What was the nature of these equipment modifications or procedural changes? **Please ✓ all that apply.**

☐ Use of automated, enclosed disinfection systems which are ventilated

☐ Use of covered or ventilated disinfection trays/bins

☐ Centralize high level disinfectants stations into fewer locations

☐ Use of a closed system for transferring high level disinfectants

☐ Other (Please specify): _____

D27. Please check the types of personal protective equipment/clothing that **are required** for workers potentially exposed to high level disinfectants in this facility. Please answer for the following four high level disinfectants and for each of the types of PPE. *(Check the boxes in part "a" if the particular product is not used, and check the boxes in part "b" if no personal protective equipment is required for employees working with a particular disinfectant.)*

Personal Protective Equipment (PPE) Type	Glutaraldehyde for disinfection	Ortho-phthalaldehyde for disinfection	Peracetic acid for disinfection	Hydrogen peroxide for disinfection
a. This HLD is not used at this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. None are required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Protective gown or garment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Protective gloves (non-fabric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eye protection (e.g., face shield, splash goggles, or safety glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Elastomeric half-mask or full-facepiece respirator with replaceable cartridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Powered air purifying respirator (PAPR).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other respirator (excluding surgical mask).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other PPE (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D28. Are **glutaraldehyde**-containing solutions used for **tissue fixation** processes at this facility?

☐ Yes

☐ No

Skip to Question D30.

D29. How many workers at this facility currently use glutaraldehyde for **tissue fixation** processes?

☐ 1

☐ 2-5


☐ 6-10

☐ 11-20

☐ > 20

D30. Are **glutaraldehyde**-containing solutions used for **X-ray processing** at this facility?

☐ Yes

☐ No 

Skip to Section E on Page 34.

D31. How many workers at this facility currently use glutaraldehyde for X-ray processing?

☐ 1

☐ 2-5

☐ 6-10



☐ 11-20

☐ > 20

Thank you for completing Section D.
Please continue to Section E: Chemical Sterilants on page 34.

SECTION E: CHEMICAL STERILANTS

This section focuses only on **ethylene oxide and hydrogen peroxide gas plasma (e.g., the STERRAD® system)**. It excludes steam sterilizers and autoclaves. The focus of this section is on policies and procedures that apply to central processing employees or others who sterilize medical instruments or supplies using chemical sterilants.

- E1. Are chemical sterilants (either ethylene oxide or hydrogen peroxide gas plasma) used at this facility? ☐ Yes ☐ No  **Skip to Section F on Page 40.**
- E2. Are there written standard procedures (for the safe handling of chemical sterilants at this facility)? ☐ Yes ☐ No
- E3. When do workers who work with chemical sterilants receive training from this employer which addresses the hazards and safe handling of these materials? **Please ✓ all that apply.** ☐ Never ☐ At job or task orientation ☐ At least annually (i.e., one or more times in 12 months) ☐ Other (Please specify): _____
- E4. Does this facility currently use **ethylene oxide** to sterilize medical instruments or supplies? ☐ Yes ☐ No  **Skip to Question E14.**
- E5. During the **past week**, what was the approximate number of loads sterilized using ethylene oxide at this facility? ☐ 0 ☐ 1-10 ☐ 11-20 ☐ 21-50 ☐ >50
- E6. How many workers at this facility currently sterilize medical instruments or supplies using ethylene oxide?
- | | 0 | 1 | 2-5 | 6-10 | 11-20 | > 20 |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Males..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Females..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E7. Have air samples (personal samples or fixed location area samples) been collected in the past 12 months to assess worker exposure to ethylene oxide?

- ☐ Yes, only personal samples
- ☐ Yes, only fixed location monitors
- ☐ Yes, both personal samples and fixed location monitors
- ☐ No

Skip to Question E10.

Skip to Question E9

E8. What are the reasons air samples **have not** been collected in the past 12 months to assess workers' exposure to ethylene oxide? **Please ✓ all that apply.**

- ☐ 1. Exposure to ethylene oxide is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to ethylene oxide is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to ethylene oxide is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Lack of appropriate sampling methods for ethylene oxide.
- ☐ 6. Lack of health and safety personnel.
- ☐ 7. Too costly
- ☐ 8. Other (Please specify): _____

E8A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** air samples **have not** been collected at this facility to assess workers' exposure to ethylene oxide.

Most important reason.....☐

E9. Where are the fixed location monitors located? **Please ✓ all that apply.**

- ☐ Adjacent to sterilizer loading door
- ☐ In immediate area where in-service ethylene oxide tanks are located
- ☐ Other (Please specify): _____

E10. Is medical surveillance (such as medical questionnaire, physical exam, blood test) currently conducted for all workers who use **ethylene oxide** to disinfect medical instruments?

- ☐ Yes
- ☐ No

Skip to Question E13.

E11. When are the following medical surveillance tests or exams provided to employees at this facility who are potentially exposed to **ethylene oxide**? Please ✓ **all that apply or never**.

	Never	At pre- placement	Periodically	After an acute exposure (i.e., a release)	At job exit
a. Standardized medical questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E12. Are results of these tests provided to employees?

- ☐ Yes }
☐ No }

Skip to Question E14.

E13. What are the reasons medical surveillance is not currently conducted for all workers exposed to ethylene oxide at this facility? Please ✓ **all that apply**.

- ☐ 1. Exposure to ethylene oxide is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to ethylene oxide is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to ethylene oxide is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Lack of health and safety personnel.
- ☐ 6. Too costly.
- ☐ 7. Other (Please specify): _____

E13A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** medical surveillance **has not** been conducted for all workers' exposed to ethylene oxide at this facility.

Most important reason.....

E14. Are any of the following engineering controls or work practices **required** when ethylene oxide is used for sterilization at this facility?

- a. Use a combination sterilizer/aerator unit (i.e., where manual transfer of load between sterilizer and aerator is unnecessary)
- b. Sterilizer located in a separately enclosed room
- c. Aerator located in a separately enclosed room
- d. Other (Please specify):

Yes

No

☐
☐
☐
☐
☐
☐
☐
☐

E15. Does this facility currently use **hydrogen peroxide gas plasma (e.g. STERRAD® system)** to sterilize medical instruments or supplies?

☐ Yes

☐ No

Skip to Question E21.

E16. During the **past week**, what was the approximate number of loads sterilized using hydrogen peroxide gas plasma at this facility?

☐ 0

☐ 1-10

☐ 11-20

☐ 21-50

☐ >50

E17. How many workers at this facility currently sterilize medical instruments or supplies using hydrogen peroxide gas plasma?

☐ 0

☐ 1

☐ 2-5

☐ 6-10

☐ 11-20

☐ > 20

E18. Is the hydrogen peroxide gas plasma sterilizer(s) located in a separately enclosed room?

☐ Yes, in all areas

☐ Yes, in some areas

☐ No

E19. Is hydrogen peroxide gas plasma (e.g., the STERRAD® system) used in place of ethylene oxide for chemical sterilization at this facility?

☐ Yes

☐ No

Skip to Question E21.

E20. What are the reasons you have chosen to use hydrogen peroxide gas plasma instead of ethylene oxide for chemical sterilization?
Please ✓ all that apply.

- ☐ 1. Employee health and safety
- ☐ 2. Reduced sterilization cycle time
- ☐ 3. Reduced regulatory burden
- ☐ 4. Recommendation from vendor
- ☐ 5. Company mandate
- ☐ 6. Cost factors
- ☐ 7. Other (Please specify): _____

E20A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** that you have decided to use hydrogen peroxide gas plasma instead of ethylene oxide for chemical sterilization.

Most important reason.....☐

E21. Please check the types of personal protective equipment/clothing that **are required** for workers potentially exposed to chemical sterilants in this facility. Please answer this for the following two types of sterilants for each of the types of PPE.

Personal Protective Equipment (PPE) Type	Using ethylene oxide	Using hydrogen peroxide plasma
a. Sterilant not used at this facility	<input type="checkbox"/>	<input type="checkbox"/>
b. None are required (SKIP TO Question E21).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Single-use, disposable gown	<input type="checkbox"/>	<input type="checkbox"/>
d. Laundered protective garment (e.g., lab coat, scrubs, apron, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
e. Protective gloves, non fabric.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Eye protection (e.g., face shield, splash goggles, or safety glasses).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Respiratory protection (e.g., half or full face piece respirator with replaceable filters or cartridges, powered air-purifying respirator, or supplied air respirator—do not include surgical masks as respiratory protection).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Other PPE (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

E22. Does this facility currently use gamma radiation to sterilize medical instruments/supplies?

☐ Yes

☐ No → **Skip to Section F on Page 40**

E23. How many workers at this facility currently sterilize medical instruments or supplies using gamma radiation?

☐ 0

☐ 1

☐ 2-5

☐ 6-10

☐ 11-20

☐ > 20

Thank you for completing Section E.
Please continue to Section F: Waste Anesthetic Gases on page 40.

SECTION F: WASTE ANESTHETIC GASES

This section focuses on the use and control of anesthetic gases. The focus is on policies and procedures that apply to employees working in areas such as operating rooms, PACU, emergency rooms, labor and delivery rooms, dental clinics and other areas where exposure to waste anesthetic gases is possible. Anesthetic gases include nitrous oxide, enflurane, desflurane, halothane, isoflurane, sevoflurane, and others.

F1. Are anesthetic gases used at this facility?

☐ Yes

☐ No

Skip to Section G on Page 45.

F2. Have any of the following anesthetic agents been used at this facility during the **past week** (i.e., the past 7 calendar days)?

Name of Anesthetic Agent:	Yes	No
a. Nitrous Oxide	<input type="checkbox"/>	<input type="checkbox"/>
b. Enflurane	<input type="checkbox"/>	<input type="checkbox"/>
c. Desflurane	<input type="checkbox"/>	<input type="checkbox"/>
d. Halothane	<input type="checkbox"/>	<input type="checkbox"/>
e. Isoflurane	<input type="checkbox"/>	<input type="checkbox"/>
f. Sevoflurane	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

F3. In the **past week**, what was the approximate amount of the following anesthetic agents used at this facility?

	Amount Used (in liters)			
	None	1-50	51-250	> 250
a. Nitrous Oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Desflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Halothane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Isoflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sevoflurane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F4. What is the approximate number of male and female workers at this facility who routinely work in each of the following areas?

	Males	Females
a. Operating rooms or induction rooms.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-75 <input type="checkbox"/> >75	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-75 <input type="checkbox"/> >75
b. Recovery areas, including the PACU and labor and delivery rooms	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> >40	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> >40
c. Emergency rooms.....	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> >40	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> >40
d. All other areas where anesthetic gases may be administered	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> >40	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> >40


F5. Are there written standard procedures for the safe handling of anesthetic agents at this facility?

☐ Yes
☐ No

F6. When do workers with the following responsibilities receive training which addresses the safe handling of anesthetic agents? **Please ✓ all that apply.**

	Never	At job or task orientation	At least annually, i.e., one or more times every 12 months	Other (Please specify)
a. Administer anesthetic agents to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
b. Work in areas where exposure to waste anesthetic agents is possible (e.g., areas where agents are being administered or in post anesthesia care areas).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

F7. Have air samples been collected in the past 12 months to assess worker exposure to any waste anesthetic gases at this facility?

☐ Yes  **Skip to Question F9.**

☐ No

F8. What are the reasons air samples **have not** been collected in the past 12 months at this facility to assess workers' exposure to any waste anesthetic gases? **Please ✓ all that apply.**

- ☐ 1. Exposure to waste anesthetic gases is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings
- ☐ 2. Exposure to waste anesthetic gases is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to waste anesthetic gases is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Unaware of appropriate sampling methods for waste anesthetic gases.
- ☐ 6. Lack of health and safety personnel.
- ☐ 7. Too costly.
- ☐ 8. Sampling is too difficult in sterile areas.
- ☐ 9. Other (Please specify): _____

F8A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** air samples **have not** been collected at this facility to assess workers' exposure to waste anesthetic gases

Most important reason

F9. Is medical surveillance (such as medical questionnaire or physical exam) currently conducted for workers who perform the following activities involving waste anesthetic gases?

	Yes	No
a. Administering anesthetic gases.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Work in areas where exposure to waste anesthetic gases is possible	<input type="checkbox"/>	<input type="checkbox"/>



If medical surveillance is not conducted on any employees with potential exposure to waste anesthetic gases, skip to Question F12.

F10. When are the following medical surveillance tests or exams provided to employees potentially exposed to waste anesthetic gases?
Please ✓ all that apply.

	Never	At pre- placement	Periodically	At job exit
a. Standardized medical questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F11. Are results of these tests provided to affected employees?

- ☐ Yes
☐ No



If medical surveillance is conducted for all workers potentially exposed to waste anesthetic gases, skip to Question F13.

F12. What are the reasons medical surveillance is not currently conducted for workers exposed to waste anesthetic gases at this facility? **Please ✓ all that apply.**

- ☐ 1. Exposure to waste anesthetic gases is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to waste anesthetic gases is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ Exposure to waste anesthetic gases is felt to be insignificant based on the use of engineering controls.
- ☐ 3. Not required by OSHA.
- ☐ 4. Lack of health and safety personnel.
- ☐ 5. Too costly.
- ☐ 6. Other (Please specify): _____

F12A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** medical surveillance **has not** been conducted for workers' exposed to waste anesthetic gases at this facility.

Most important reason

F13. In this facility, is a gas scavenging system always **required** during administration of anesthetic gases?

- ☐ Yes
- ☐ No

F14. Please check the types of personal protective equipment/clothing that are required for workers potentially exposed to waste anesthetic gases at this facility. **Please ✓ all that apply.**

- ☐ None are required
- ☐ Single-use disposable gown
- ☐ Laundered protective garment (e.g., lab coat, scrubs, apron, etc.)
- ☐ Protective gloves, non-fabric
- ☐ Eye protection (e.g., face shield, splash goggles, or safety glasses)
- ☐ Respiratory protection (e.g., half or full face-piece respirator with replaceable cartridges, powered air-purifying respirator, or supplied-air respirator-do not include surgical masks as respiratory protection)
- ☐ Other PPE (Please specify): _____

Thank you for completing Section F.
Please continue to Section G: Surgical Smoke from
Lasers or Electrosurgery Devices on page 45.

SECTION G: SURGICAL SMOKE FROM LASERS OR ELECTROSURGERY DEVICES

This section focuses on surgical smoke. Surgical smoke refers to emissions created by thermal destruction of tissue using lasers or electrosurgery devices. The focus is on policies and procedures applying to employees who work in operating rooms, emergency rooms, dermatology clinics, dental operatories or other areas where laser or electrosurgery devices are used.

G1. Are lasers or electrosurgical devices used at this facility?

☐ Yes

☐ No 

Skip to Section H on Page 48.

G2. How many workers at this facility currently use lasers or electrosurgical devices in surgical procedures or work in proximity (i.e., within 5 feet) to where these devices are being used by others?

☐ 1

☐ 2-10

☐ 11-25

☐ 26-50

☐ > 50

G3. When do workers who use lasers or electrosurgery devices in surgical procedures receive training which addresses the hazards of surgical smoke?
Please ✓ all that apply.

☐ Never

☐ At job or task orientation

☐ At least annually (i.e., one or more times every 12 months)

☐ Other (Please specify): _____

G4. Have air samples been collected in the past 12 months to assess workers' exposure to surgical smoke?

☐ Yes 

☐ No

Skip to Question G6.

G5. What are the reasons air samples **have not** been collected in the past 12 months at this facility to assess workers' exposure to surgical smoke? **Please ✓ all that apply.**

- ☐ 1. Exposure to surgical smoke is felt to be insignificant based on historical and/or objective data from industry studies for similar work settings.
- ☐ 2. Exposure to surgical smoke is felt to be insignificant based on previous sampling (more than 12 months ago) at this facility.
- ☐ 3. Exposure to surgical smoke is felt to be insignificant based on the use of engineering controls.
- ☐ 4. Not required by OSHA.
- ☐ 5. Unaware of appropriate sampling methods for surgical smoke.
- ☐ 6. Lack of health and safety personnel.
- ☐ 7. Too costly.
- ☐ 8. Sampling is too difficult in sterile areas.
- ☐ 9. Other (Please specify): _____

G5A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** air samples **have not** been collected at this facility to assess workers' exposure to surgical smoke.

Most important reason.....☐

G6. Is local exhaust ventilation (e.g., smoke evacuator/filtration device, room suction system) designed to remove the smoke plume at the surgical site required at this facility when lasers or electrosurgical devices are being used?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Skip To Question G9.

G7. How often is the smoke evacuation system required to be inspected to prevent possible leaks?

- ☐ As determined by the operator
- ☐ Before each procedure
- ☐ Once a week
- ☐ Once a month
- ☐ Other (Please specify): _____

G8. How often are new filters required to be installed in the smoke evacuation system?

- ☐ As determined by the operator
- ☐ Per manufacturer's instructions
- ☐ Before each procedure
- ☐ Once a week
- ☐ Once a month
- ☐ Other (Please specify): _____

G9. Please check the type(s) of personal protective equipment/clothing that **are always required** for employees exposed to surgical smoke in this facility. *(This includes employees operating lasers or electrosurgery devices and all others working in the same room within 5 feet of the operation. Please do not include a surgical mask as respiratory protection.)*

	Yes	No
a. Personal protective equipment is not required.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Disposable particulate respirator (also called filtering face piece respirator, e.g., N95).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Elastomeric half-mask or full-facepiece respirator with replaceable cartridges.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Powered air purifying respirator (PAPR).....	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplied air respirator.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Other respirator (excluding surgical mask).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Other PPE (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing Section G.
Please continue to Section H: Spill Response Teams and Housekeeping on page 48.

SECTION H: SPILL RESPONSE TEAMS AND HOUSEKEEPING

H1. Are there special "spill teams" designated at this facility to respond to spills of hazardous materials?

☐ Yes

☐ No

Skip to Section I on Page 50.

H2. Which of the following types of hazardous materials would be cleaned-up by specially-designated spill teams? **(Please ✓ all that apply).**

☐ Antineoplastic agents

☐ Other hazardous drugs including ribavirin, pentamidine, and tobramycin

☐ High level disinfectants such as glutaraldehyde, ortho-phthalaldehyde, peracetic acid, or hydrogen peroxide

☐ Chemical sterilants such as ethylene oxide or hydrogen peroxide

☐ Volatile anesthetic agents

☐ Other (Please specify): _____

H3. Are there written standard procedures for the clean-up of spills of hazardous materials at this facility?

☐ Yes

☐ No

H4. How many workers at this facility are currently assigned to the hazardous materials spill team(s)?

☐ 1

☐ 2-5

☐ 6-10

☐ 11-20

☐ > 20

H5. When do workers at this facility who clean-up spills of hazardous materials receive training on the hazards of the materials they may encounter? **Please ✓ all that apply.**

☐ Never

Skip to Question H7.

☐ At job orientation

☐ At least annually (i.e., one or more times every 12 months)

☐ Other (Please specify): _____

H6 Which of the following elements are included in the training program for individuals assigned to the spill team?
Please ✓ all that apply.

- ☐ Hazard assessment
- ☐ Personal Protective Equipment selection
- ☐ Emergency communication procedures
- ☐ First aid procedures
- ☐ Chemical neutralizing techniques
- ☐ Proper clean-up procedures
- ☐ Packaging for disposal
- ☐ Critiquing of incidents
- ☐ Other: Please specify: _____

H7. Please check the types of personal protective equipment/clothing that **are required** for workers when cleaning up spills of hazardous materials at this facility. Please answer for the following four hazardous materials and for each of the types of PPE. *(Check the boxes in part "a" if the particular material is not cleaned-up by the spill team or not used at this facility, and check the boxes in part "b" if no personal protective equipment is required for employees cleaning-up a particular type of hazardous material.)*

Personal Protective Equipment (PPE) Type	Hazardous drugs including antineoplastic agents and aerosolized medications	High Level Disinfectants	Chemical sterilants	Volatile anesthetic agents
a. This material is not used at this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. None are required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water resistant gown or garment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Water resistant gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eye protection (e.g., face shield, splash goggles, or safety glasses)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Elastomeric half-mask or full-facepiece respirator with replaceable cartridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Powered air purifying respirator (PAPR).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other respirator (excluding surgical mask).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other PPE (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing Section H.
Please continue to Section I: Closing on page 50.

SECTION I: CLOSING

11. Please select the positions or titles of the people who have provided information used in completing this questionnaire. **Please ✓ all that apply.**

- ☐ Director of Nursing
- ☐ Health and Safety Director
- ☐ Human Resource manager
- ☐ Medical Director
- ☐ Oncology Department Manager
- ☐ Operating Room Director
- ☐ Pharmacy Manager
- ☐ Sterile Processing Manager
- ☐ Other (Please specify): _____

12. What is the name, title, and telephone number of the individual who coordinated the completion of this survey?

Name: _____

Title: _____

Telephone Number: _____

Thank you.